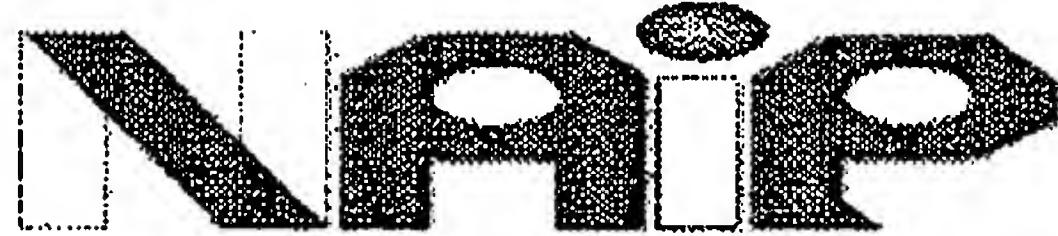


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From : Winston Hsu, Registration No. 41,526

Serial No.: 10/711,814

Attorney Docket No.: MTKP0099USA

Subject: Information Disclosure Statement (IDS)

Total Pages: 62 pages (including cover page)

Winston Hsu 2006/04/24

MTKP0099USA0_D1_2

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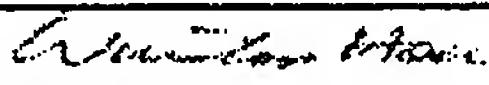
PTO/SB/21 (09-04)

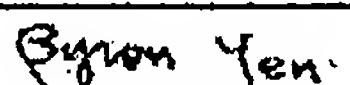
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>		Application Number 10/711,814
		Filing Date 10/07/2004
		First Named Inventor Chi-Cheng Ju
		Art Unit 2624
		Examiner Name WU, JINGGE
Total Number of Pages in This Submission	61	Attorney Docket Number MTKP0099USA

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks _____		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	North America Intellectual Property Corporation		
Signature			
Printed name	Winston Hsu		
Date	4/24/2006	Reg. No.	41,526

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Signature			
Typed or printed name	Byron Yen	Date	4/24/2006

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PTO/SB/17 (12-04v2)

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Effective on 12/08/2004. <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i> FEE TRANSMITTAL For FY 2005	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	
TOTAL AMOUNT OF PAYMENT	(\$) 0.00

Complete If Known	
Application Number	10/711,814
Filing Date	10/07/2004
First Named Inventor	Chi-Cheng Ju
Examiner Name	WU, JINGGE
Art Unit	2624
Attorney Docket No.	MTKP0099USA

METHOD OF PAYMENT (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 50-3105			Deposit Account Name: North America Intellectual Property Corporation	

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input checked="" type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input checked="" type="checkbox"/> Credit any overpayments

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES	
	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)
Utility	300	150	500	250	200	100
Design	200	100	100	50	130	65
Plant	200	100	300	150	160	80
Reissue	300	150	500	250	600	300
Provisional	200	100	0	0	0	0

2. EXCESS CLAIM FEES

Fee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	Small Entity	
				Fee (\$)	Fee (\$)
- 20 or HP =	x	=		50	25
HP = highest number of total claims paid for, if greater than 20.				200	100
Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)	360	180
- 3 or HP =	x	=			
HP = highest number of independent claims paid for, if greater than 3.					

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).	Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50	(round up to a whole number)	x	=	

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): submission of Information Disclosure Statement

Fee Paid (\$)

0.00

SUBMITTED BY

Signature	<i>Winston Hsu</i>	Registration No. (Attorney/Agent)	41,526	Telephone	3027291562
Name (Print/Type)	Winston Hsu			Date	4/24/2006

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Substitute for form 1448/PTO

INFORMATION DISCLOSURE STATEMENT BY APPLICANT

(Use as many sheets as necessary)

Sheet 1 of 1

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number.					
Substitute for form 1449/PTO			Complete if Known		
INFORMATION DISCLOSURE STATEMENT BY APPLICANT <i>(Use as many sheets as necessary)</i>			Application Number	10/711,814	
			Filing Date	10/07/2004	
			First Named Inventor	Chi-Cheng Ju	
			Art Unit	2624	
			Examiner Name	WU, JINGGE	
			Attorney Docket Number	MTKP0099USA	
Sheet	1	of	1		

U. S. PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS

FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.*	Foreign Patent Document Country Code* Number* King Code* (if known)	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages Or Relevant Figures Appear	Type
	1	CN 1306724A	08-01-2001			+
	2	JP 8-205109	08-09-1996			+

**Examiner
Signature** _____ **Date
Considered** _____

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